



EAST WINDSOR POLICE DEPARTMENT

ALARM SYSTEM REGISTRATION



☐ **BUSINESS** ☐ **RESIDENTIAL** ☐ **NEW ALARM**

Name or Business Name:	Address:	Telephone Number (s):
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If owner is different than above:

Owner #1 Name:	Address:	Date of Birth:	Telephone #(s):
Owner #2 Name:	Address:	Date of Birth:	Telephone #(s):

Type of Alarm – Please check all that Apply:

☐ Burglary ☐ Hold-up/Panic ☐ Fire ☐ Medical ☐ Other _____.

Is the Alarm audible? ☐ Yes ☐ No If audible, when does it reset? _____.
(15 Minutes Maximum by Ordinance)

Key Holders Information – Must have a minimum of two (2):

Name:	Address:	Telephone Number (s):
1):		Home: Work: Cell:
2):		Home: Work: Cell:
3):		Home: Work: Cell:

Alarm Company Information:

Alarm Installation Company:	Monitoring Company:
Name:	Name:
Address:	Address:
Telephone:	Telephone:

Hazardous Conditions:

Are there any Hazardous Materials or <u>Firearms</u> on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there situations (Ex: Dog, Medical, Etc.) that responding officers should know?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please Explain Above if (Yes Checked):</i>	

Official Police Use Only - Please DO NOT write below this line

IMC Entered (✓):	By:	Approved (✓):	By:	Permit #:
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Mail a check payable to the East Windsor Police in the amount of \$15.00 for alarm registration

Alarm Registration
East Windsor Police
25 School Street, PO Box 477
East Windsor, CT 06088